

Chalmers Simpson
636 Curtin St Fl 1
Harrisburg, PA 17110-2424

10/9/20
Income
Verification



pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF INCOME MAINTENANCE

Notice ID: 9093560114 | C:25884

Mail Date: 10/02/2020
Record ID: 22/0385325
MCI#: 002611392

COMPASS: The fast and easy
way to apply for benefits
www.compass.state.pa.us

The Department of Human Services (DHS) is writing to you about your Medical Assistance (MA) and Supplemental Nutrition Assistance Program (SNAP) benefits.



Medical Assistance (MA)

Chalmers

You **qualify** for Medical Assistance effective 10/01/2020.

You **qualify** for the state to begin paying your Medicare Part B premium (Buy-In) effective 10/01/2020.

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker. It must be postmarked or received on or before November 01, 2020.

Chalmers:

For the period you qualify, we determined your countable income is \$851.00 each month after allowable deductions and/or expenses.

As part of your MA benefits, we will pay your Medicare Part B premium starting with the first month that you qualify. If you already paid premiums for some of the months that you qualify, you will get a refund from Social Security. Within three months, you should receive one refund for the entire amount. If you do not get the refund within three months, contact Social Security.

You may also be eligible for a refund of the Part B premiums that were taken out of your Social Security check for up to three months before you applied for MA. If DHS has not approved you for Medicare Buy-In for the three months before you applied, you can appeal.

This is the law we used to make this decision: 55 Pa. Code §§ 140.221, 181.1, 255.4

Your benefits will stay the same until there is a change in your case.

Because you are eligible for Medicaid, you should immediately end your federal premium tax credits or cost-sharing reductions if you are enrolled in a plan through the Federal Health Insurance Marketplace and you get help paying for coverage. If you still want a Marketplace plan while eligible for Medicaid, you will have to pay full price for your Marketplace plan, without premium tax credits or other cost sharing reductions.

(continued on next page)

RC/O: 980/B, 012



Fair Hearing Form

1. **Name:** Chalmers Simpson

Record ID: 22/0385325

Phone number: 717-317-4587

Address: 636 Curtin St Fl 1
Harrisburg, PA 17110-24242. **Tell us which program you want to appeal:**☐ **Medical Assistance (MA)** - You must mail or give the form to the CAO **before 11/01/2020**.☐ **MA (Expedited Appeal):** Check one of the following reasons for requesting an expedited Fair Hearing and provide details in the line next to the box you check below. An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your:☐ **Life:** _____☐ **Health:** _____, or☐ **Ability to attain, maintain, or regain maximum function:** _____

If you have medical documentation of your urgent health needs, please submit them with this fair hearing request.

☐ **SNAP** - You must mail, call or give the form to the CAO **before 12/31/2020**. (for those applying for SNAP)3. **Tell us why you disagree with this decision (use back of page if necessary):**
_____4. **Do you want your SNAP benefits to continue at the same amount pending the hearing decision?**☐ Yes ☐ No5. **Choose the way you want your hearing:**☐ **By telephone, at the phone number you write on this form.** Make sure we can reach you at this phone number. The judge will call you, your witnesses, anyone helping you, and the CAO.☐ **By telephone, at the CAO.** You will go to the CAO for your hearing. The judge will call you there in the office, and call anyone helping you.☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You can ask for an interpreter to be at the fair hearing, or other assistance because of an impairment or other disability. This is a free service.

6a. **Do you need a free interpreter?** You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.☐ Yes ☐ No If yes, what language: _____6b. **If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you:** _____7. **Signature:** _____ 8. **Date:** _____9. **Phone number (where you wish to be contacted):** _____

RC/O: 980/B, 012



Your New Benefit Amount

12/7/20

BENEFICIARY'S NAME: CHALMERS A SIMPSON JR

Your Social Security benefit will increase by **1.3%** in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$887.00
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$0.00
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about December 31, 2020.	\$887.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

SUITE 810
555 WALNUT STREET
HARRISBURG PA 17101



Social Security Administration

↑
LIFT TO OPEN

IMPORTANT SOCIAL SECURITY INFORMATION

⚠ SCAM ALERT ⚠

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. HANG UP!
2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!
3. REPORT THE SCAM AT [OIG.SSA.GOV](https://oig.ssa.gov)

GPO U.S. GOVERNMENT PUBLISHING OFFICE: 2021 416-008/60010

Printed on recycled paper Form SSA-4926-SM-DI (1-2021)

Securing today
and tomorrow



IND AUTO**SCH 5-DIGIT 17101
F4R10E-0091869 4-010
CHALMERS A SIMPSON JR
PO BOX 5533
HARRISBURG PA 17110-0533

PENALTY FOR PRIVATE USE, \$300

OFFICIAL BUSINESS

PHILADELPHIA PA 19123-2999

300 SPRING GARDEN ST

MID-ATLANTIC PROGRAM SERVICE CENTER

SOCIAL SECURITY ADMINISTRATION

FIRST-CLASS MAIL
PRESORTED
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-14



ROP450
P.O. Box 7000
Providence, RI 02940



1-888-910-4100

Call Citizens' PhoneBank anytime for
account information, current rates and
answers to your questions.

Checking Account Statement

1 OF 2

Beginning November 26, 2020
through December 08, 2020

AB 01 003413 45514 B 11 A



CHALMERS ALIXANDER SIMPSON JR
501 MACLAY ST APT 9
HARRISBURG PA 17110-2354

Checking

US010

SUMMARY

Balance Calculation

Previous Balance	19.74
Checks	.00 -
Withdrawals & Debits	19.74 -
Deposits & Credits	.00 +
Current Balance	.00 =

CHALMERS ALIXANDER SIMPSON JR

One Deposit Checking

XXXXXXXX704-4

The \$9.99 monthly maintenance fee is waived when you make at least 1 deposit that is posted before the end of your statement period.

No deposit made.

Your next statement period will end on January 27, 2021.

Previous Balance

19.74

TRANSACTION DETAILS

Withdrawals & Debits

Other Withdrawals & Debits

Date	Amount	Description
12/07	19.74	Debit Memo Closed-F

Total Withdrawals & Debits

19.74

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	.00	90.00
Total Returned Item Fees	.00	35.00

Current Balance

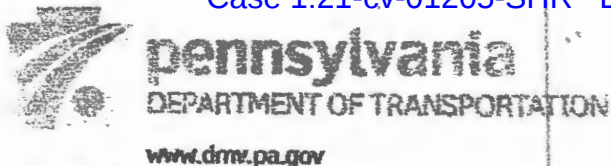
.00

Daily Balance

Date	Balance	Date	Balance	Date	Balance
12/07	.00				

NEWS FROM CITIZENS

--Transferring money online just got a little easier! Discover the speed and convenience of online money transfers now with no fee! To learn more visit citizensbank.com- you can also view helpful online banking demos and links to download our mobile banking app.



RETURN CHECK NOTICE
03/03/20

IN REPLY REFER TO:

RETURN CHECK SECTION

INFORMATION

(8:00 AM TO 5:00 PM)

PENNSYLVANIA

717-412-5300

OUT OF STATE

717-412-5300

TTY

711

CASE NUMBER: 2002184

THIS DEPARTMENT IS IN RECEIPT OF CHECK(S) WRITTEN BY YOU AND RETURNED BY YOUR BANK AS UNCOLLECTIBLE FOR THE REASON LISTED BELOW:

REASON: APPEAL PENDING

BANK: CITIZENS BANK

ACCT NO:

CHECK NO:

100

FACE AMT:

\$1,111.20

PENALTY:

140.00

CREDIT TO DATE:

951.20

TOTAL AMT DUE:

\$300.00

Pay \$100.00 on

6/15/21

TO SETTLE THIS ACCOUNT YOU MUST REMIT A CERTIFIED CHECK OR MONEY ORDER IN U.S. DOLLARS MADE PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA FOR THE AMOUNT DUE. FAILURE TO RESPOND WITHIN 30 DAYS WILL RESULT IN A SUSPENSION BEING PLACED ON YOUR DRIVERS LICENSE OR VEHICLE REGISTRATION. PLEASE RETURN THIS NOTICE WITH YOUR PAYMENT TO:

BUREAU OF MOTOR VEHICLES
ACCOUNTING SERVICES
RETURN CHECK UNIT
HARRISBURG, PA 17106-8610

DT OF CK 01/11/20

DT OF DEP 02/05/20..OV

04/23/21 PAYMENT 27145465863 FROM 04/13/21 WAS RECEIVED AND APPLIED

21113 3319 004060 001 82500 100.00 04/23/21

CASE HAS BEEN REFERRED, PLEASE MAIL ANY FURTHER CORRESPONDENCE TO THE AG'S OFFICE AT CIVIL IN. DIVISION FINANCIAL ENFORCEMENT SECTION, AG OFFICE, STRAWBERRY SQUARE, 15TH FLOOR, HARRISBURG, PA 17120

WID NO: 20063 3304 000300 001

TITLE NO: 73622

Western Union WU		WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado		MONEY ORDER	
Payable at Wells Fargo Bank Grand Junction - Dinosaur, N.A., Grand Junction, Colorado					
				19-262831874	
A 247033 D 060121 T 1458 AS 192628318744 L 000000				\$ 10.00	
PAY EXACTLY TEN DOLLARS AND NO CENTS					
PAY TO THE ORDER OF PPL UTILITIES CO NO 27010-7807 PAYMENT FOR ACCT. #					
PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR					

⑆102100400⑆ 40192628318744⑆

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

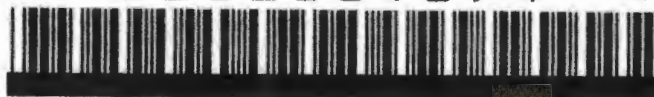
PPL UTILITIES CO NO 27010-7807

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247033 LOC 000000 DT 060121 \$10.00 10DOLLARS AND NO CENTS

Payable to:
BEFORE THIS MONEY ORDER RECEIPT, IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9680.

* 19262831874 *



LOAD THIS DIRECTION, THIS SIDE UP

Return this stub in the envelope provided with a check payable to PPL Electric Utilities.

Sign up for Automatic Bill Pay
on the back of this bill stub.

PAY FOR \$10.00
PAY FOR \$50.00
TOTAL \$60.00

FP 01 046936 81580 B 205 A



CHALMERS A SIMPSON
P.O BOX
5533
HARRISBURG, PA 17110

Bill Acct No.	Due Date	Amount Due
27010-7807	June 20, 2021	50.00

Amount Enclosed:

 5 0 0

PPL ELECTRIC UTILITIES
2 NORTH 9TH STREET CPC-GENN1
ALLENTOWN, PA 18101-1175



1 8800011424780001142477 2701078071



PPL Electric Utilities

Pay/Manage your
account online at
pplelectric.com

Questions? Please
contact us by Dec 21.
1-800-DIAL-PPL
(1-800-342-5775)
Mon-Fri: 8am to 6pm

Bill Acct. No.	Due Date	Amount Due
27010-78071	Dec 21, 2020	\$113.00

Your Electric Usage Profile

Service to:
CHALMERS A SIMPSON
636 CURTIN ST
HARRISBURG, PA 17110

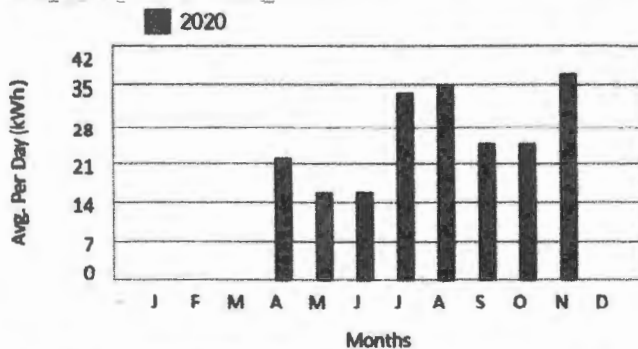
Meter: 301537520

Your next meter reading is on or about Dec 29, 2020.

This section helps you understand your electric use by month. Meter readings are actual unless otherwise noted.

This graph shows the average number of kWh you used each day. You used 1089 kWh in 29 days, or an average of 37 kWh a day.

The average daily temperature for your area last month was 49F.



Billing Period	Type	Reading
Nov 25	Actual	6397
Oct 27	Actual	5308
29 Days	kWh Billed	1089

OnTrack Billing Details

Current Charges - Oct 27 - Nov 25

Your OnTrack Monthly Payment

\$57.00

Catch-up Amount

\$56.00

Total PPL Electric Utilities Charges

\$113.00

Amount Due By Dec 21, 2020

\$113.00

How To Shop For Electricity

You can choose the company that supplies your electricity.

Visit papowerswitch.com or www.oca.state.pa.us for supplier offers.

If you are shopping, know your contract expiration date.

Here's the information you need to shop:

Bill Account Number: 27010-78071 Rate Schedule: R5 (Residential)

Current Supplier: PPL Electric Utilities

PPL Electric Utilities price to compare for your rate is \$0.07284 per kWh.
This changes the 1st of June and December.

General Information

- Actual Charges for 0 kWh
- OnTrack makes your difference between your Actual Bill \$137.52
- \$5 of your OnTrack payment each month.
- You are not making includes a catch-up stay in this program
- OnTrack payment at the cost of the previous November 2020

United Check Cashing

3200-C Paxton Street
Harrisburg, PA 17111
(717) 661-3100

12/07/2020
aleID: 2640 1491675 UserID: AS
All Check Free Pay - 200+ \$56.00
Gas \$2.00
Total \$58.00
Added (\$66.00)
Change \$8.00

We do not disclose any Non-Public
Personal Information to
anyone except as permitted by law
Hours Mon-Wed 9am-6pm
Thurs-Fri 9am-7pm
Sat-10-2pm

Printed: 12/07/20 03 18 PM

UNITED CHECK CASHING
3200-C PAXTON ST.
HARRISBURG, PA 17111
Terminal ID: PA1419
ORIGINAL RECEIPT
12/7/2020 3:20 PM

Steve Shultz

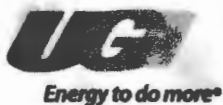
PPL ELECTRIC UTILITIES PA

2936 23
2701078071
56.00
2.00

Payment (\$)

58.00
58.00
58.00
0.00

for your payment
questions about
receipt until
letted as instructed
st be presented
change to the
receipt Number: 3
ay corporation
account information
fore leaving the
privacy policy
we pay.com/cons
retailer for
or using Check



UGI Utilities, Inc.
225 Morgantown Road
Post Office Box 13009
Reading, PA 19612-3009

May 22, 2021

Chalmers Simpson
PO Box 5533
Harrisburg, PA 17110-0533

Customer Number: 411001073849

Dear Chalmers Simpson,

Your CAP recertification is due within 30 days. This process will confirm your continued eligibility to remain on the program. The CAP recertification process includes providing household occupant information, current proof of income for all household members and a valid photo identification.

For your convenience, UGI has enclosed a recertification application. Please mail the completed application and your supporting documents to Harrisburg Salvation Army at 506 S 29th St Harrisburg, PA 17104. If you need assistance in completing this application, please call (717)233-6755.

Failure to recertify and verify your current income within 30 days may result in removal from program.

If you have any questions about your CAP bill, please call UGI at 1-800-276-2722.

We look forward to your continued participation in CAP.

Sincerely,

UGI Customer Outreach Department

Payable at First Fidelity Bank, Grand Junction - Department, N.A., Grand Junction, Colorado

MONEY ORDER

19-259677025

A 247032 D 050621
1425 LG
192596770252 L 000000

\$10.00

PAY EXACTLY TEN DOLLARS AND NO CENTS

PAY TO THE ORDER OF UGI UTILITY BILL NO 411001073849

PAYMENT FOR/ACCT. #

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

PURCHASER'S SIGNATURE

⑆102100400⑆ 40192596770252⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

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UGI UTILITY BILL NO 411001073849

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247032 LOC 000000 DT 050621 \$10.00 10DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL RETURN REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the original Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-955-9880.

* 19259677025 *



Energy to do more®

UGI Utilities, Inc.
PO Box 15503
Wilmington, DE 19886-5503

Account Number
411001073849

Please pay by the due date to avoid the late charge.
Please return this portion with your payment.

AV 01 009779 88552B 42 A**5DGT



CHALMERS SIMPSON JR

PO BOX 5533

HARRISBURG PA 17110-0533

Due Date

May 27, 2021

Amount Due

\$13.97

With Late Charge

\$13.97

on 5/13/21 paid \$20.00

4110010738490100000001397000000013979

Western Union - WU	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado	MONEY ORDER
		19-262831889
A 247033 D 060121 T 1500 AS 192628318897 L 000000		\$ 50.00
PAY EXACTLY FIFTY DOLLARS AND NO CENTS		
PAY TO THE ORDER OF UGI UTILITIES INC NO 411001073849 PAYMENT FOR ACCT. #		
PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR		

⑆102100400⑆ 40192628318897⑆

MONEY ORDER RECEIPT - NON NEGOTIABLE

UGI UTILITIES INC NO 411001073849

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247033 LOC 000000 DT 060121 \$50.00 50DOLLARS AND NO CENTS

Payable to:
RETURN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL RETURN REQUESTS. BE SURE TO READ IMPORTANT
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WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
service, call 1-800-999-9680.

* 19262831889 *



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WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

19-262831890

A 247033 D 060121
T 1500 AS
192628318906 L 000000

\$ 50.00

PAY EXACTLY FIFTY DOLLARS AND NO CENTS

PAY TO THE ORDER OF CAPITAL REGION WATER CO NO 10017013-0

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

PURCHASER'S SIGNATURE

⑆102100400⑆ 40192628318906⑆

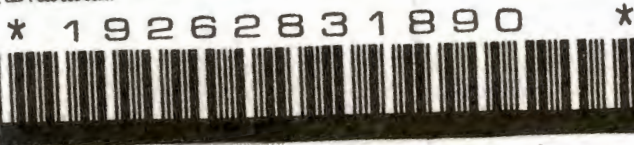
MONEY ORDER RECEIPT - NON NEGOTIABLE

CAPITAL REGION WATER CO NO 10017013-0

You can now use cash to pay for millions of Amazon.com products Western Union Agent locations. Simply come to one of our Agent cash to your Amazon Balance with Amazon Cash. Find out more at w

AGT 247033 LOC 000000 DT 060121 \$50.00 50DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the Money Order before providing it to the receiver.
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COUNT NUMBER	10017013-0
STONER NAME	ALAN INVESTMENTS III LLC
WICE ADDRESS	636 CURTIN ST
ING DATE	11/28/2018

00000100170130000025921

ALAN INVESTMENTS III LLC
16 BERRYHILL RD
SUITE 200
COLUMBIA SC 29210

6/2/24

AMOUNT NOW DUE	\$50.00
DUE DATE	6/2/24
AFTER DUE DATE PAY	

Please make checks payable to: Capital Region Water

☐ Cash ☐ Check ☒ Money Order

AMOUNT PAID	\$50.00
-------------	---------

Capital Region Water
PO Box 826429
Philadelphia, PA 19182-6429

www.capitalregionwater.com (888) 540-2000

DETACH HERE

Western Union WU	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado	MONEY ORDER
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado		
		19-259677013
A 247032 D 050621 T 1424 LG 192596770135 L 000000		\$50.00
PAY EXACTLY FIFTY DOLLARS AND NO CENTS		
PAY TO THE ORDER OF CAPITAL REGION WATER NO 10017013-0		
PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR		

⑆102100400⑆ 40192596770135⑆

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MONEY ORDER RECEIPT - NON NEGOTIABLE

CAPITAL REGION WATER NO 10017013-0

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247032 LOC 000000 DT 050621 \$50.00 50DOLLARS AND NO CENTS

Payable to: **THIS MONEY ORDER RECEIPT MUST BE ENCLOSED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.** For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.
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* 19259677013 *



LOAD THIS DIRECTION, THIS SIDE UP



ACCOUNT NUMBER	10017013-0
CID:	130557
CUSTOMER NAME	ALAN INVESTMENTS III LLC
SERVICE ADDRESS	636 CURTIN ST
BILLING DATE	11/26/2018

00000100170130000025921

ALAN INVESTMENTS III LLC
16 BERRYHILL RD
SUITE 200
COLUMBIA SC 29210

WWW.capitalregionwater.com (888) 510-0606

AMOUNT NOW DUE	25.92
DUE DATE	5/7/21
AFTER DUE DATE PAY	

Please make checks payable to: Capital Region Water

☐ Cash ☐ Check ☒ Money Order

AMOUNT PAID	\$50.00
-------------	---------

Capital Region Water
PO Box 826429
Philadelphia, PA 19182-6429

5/7/21

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado
Payable at Wells Fargo Bank, Grand Junction - Dooregout, N.A., Grand Junction, Colorado

MONEY ORDER

19-249073277

A 247033 D 040321
I 1212 98
192490732774 L 000000

\$ 50.00

PAY EXACTLY FIFTY DOLLARS AND NO CENTS

PAY TO THE ORDER OF TRASH BILL CITY OF HARRISBURG NO 10017013-0000(3)

CHALMERS A SIMPSON, JR PO BOX 5633 HARRISBURG, PA 17110

PURCHASER'S ADDRESS

1021004000 40192490732774

MONEY ORDER RECEIPT - NON NEGOTIABLE

TRASH BILL CITY OF HARRISBURG NO 10017013-0000(3)

You can now use cash to pay for millions of Amazon.com products Western Union Agent locations. Simply come to one of our Agent cash to your Amazon Balance with Amazon Cash. Find out more at w

AGT 247033 LOC 000000 DT 040321 \$50.00 50DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9690.

* 19249073277 *

LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

**THE CITY OF HARRISBURG
MONTHLY UTILITY BILLING**

PAST DUE CHARGES ARE DUE IMMEDIATELY.

ACCOUNT NUMBER
10017013-0000(3)

PROPERTY ADDRESS
636 CURTIN ST
100170130000

BILL DATE
06/26/2019

0000065721 012155

ALAN INVESTMENTS III LLC
16 HERRYHILL RD STE 200
COLUMBIA SC 29210-6433

U T37

DUE DATE
07/15/2019

PROPERTY OWNER
ALAN INVESTMENTS III LLC

AMOUNT DUE
470.02

AMOUNT PAID: \$ 50.00

JUL 01 2019

K3PA33



PATRICK F. DUGAN
PRESIDENT JUDGE

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
PHILADELPHIA MUNICIPAL COURT
TRAFFIC DIVISION
800 SPRING GARDEN STREET
P.O. BOX 56301
PHILADELPHIA, PENNSYLVANIA 19130-6301
(855) 868-1675
[HTTP://WWW.PHILACOURTS.US/TRAFFIC](http://www.philacourts.us/traffic)



GARY S. GLAZER
ADMINISTRATIVE JUDGE



SIMPSON CHALMERS, ALIXANDER
PO BOX 5533
HARRISBURG PA 17110-0533

5/25/21

05/11/2021

INSTALLMENT PAYMENT ORDER REMINDER

Please review the following details regarding your Payment Installment Order and the date on which payment is due:

Account Information				
Plan #	Statement Date	Payment Due Date	# of Citations Enrolled	Minimum Payment Due
901139230	05/11/2021	05/25/21	11	\$10.00

Balance Summary		
Original Balance Due	Less Payments Made	Remaining Balance Due
\$3,827.50	\$410.00	\$3,417.50

Failure to remit payment by the specified due date listed above will place you in **DEFAULT**. If this occurs, the following sanctions may go into effect:

- A **WARRANT** will be issued for your arrest, and a warrant cost will be added to your account.
- An additional fee of **\$25.00** may be added to each citation on the plan.
- Your driver's license will be **SUSPENDED**.
- Any vehicle you own may be subject to **IMMEDIATE IMPOUNDMENT** by the Philadelphia Police Department or the Philadelphia Parking Authority.
- If your vehicle becomes eligible for impoundment, a **\$75.00** fee will be added to your account.

PAYMENT INSTRUCTIONS:

- ✓ **PAY BY INTERNET:** Pay on the web at [HTTP://WWW.PHILACOURTS.US/TRAFFIC](http://www.philacourts.us/traffic)
- ✓ **PAY BY PHONE:** Pay via interactive voice response system at (855) 868-1675
- ✓ **PAY IN PERSON:** Pay in person at the Philadelphia Municipal Court, Traffic Division, Monday through Friday, from 8:30 a.m to 6:30 p.m. Payment methods accepted include cash, check, money order, Visa, and Mastercard.
- ✓ **PAY BY MAIL:** Make check or money order payable to Philadelphia Municipal Court, Traffic Division. Please be sure to include citation number(s) or payment plan number. Mail check to P.O. Box 56301, Philadelphia, PA 19130-6301.

If paying by mail, detach and mail this portion with your check or money order to:

Philadelphia Municipal Court, Traffic Division
P.O. Box 56301
Philadelphia, PA 19130-6301

on 6/1/21 Paid

License:	Installment Plan #:	Payment Due Date:	Minimum Payment Due:	New Balance:
PA28646360	901139230	05/25/21	\$10.00	\$3,417.50

Court No
36146044

Payment Amount Enclosed:

\$ 10.00



☐ Address Change? Check box & write changes on back



CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATIONNOT
NEGOTIABLE

Pay to COMCAST XFINITY NO 8993 11 091 1437712

Address PO BOX 70219

PHILADELPHIA, PA 19176-0219

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number

Year, Month, Day

Post Office

Amount

\$50.00

Clerk

51

27145488947



POSTAL MONEY ORDER

Serial Number

Year, Month, Day

Post Office

U.S. Dollars and Cents

27145488947

\$50.00

Fifty Dollars and 00/100 *****

Amount

Pay to COMCAST XFINITY NO 8993 11 091 1437712

Clerk

51

Address PO BOX 70219

CHALMERS A SIMPSON, JR

PHILADELPHIA, PA 19176-0219

PO BOX 5533

Memo INTERNET BILL

HARRISBURG, PA 17110

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

⑈000008002⑈

27145488947⑈

inity

WAY
FORD MA 01824
O RP 10 20218510 YN88888888 0018109 0283
RS SIMPSON
533
URG, PA 17110-0533

6/15/21

Account number

Balance forward due now

New charges due Jun 02, 2021

Total amount due

Amount enclosed

8993 11 091 1437712

\$72.60

\$76.15

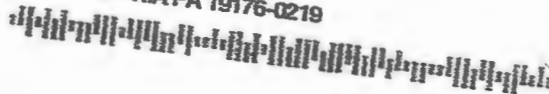
\$148.75

\$ 50.00

Make checks payable to Comcast
Do not send cash

Send payment to

COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219



191143771200148759

Pay on 6/15/21
For 7/1/21

MONEY ORDER

19-262831886

A 247033 D 060121
T 1500 AS
192628318861 L 000000

\$5.00

PAY EXACTLY FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF UC SERVICE CENTER NO 0993

PAYMENT FOR/ACCT. #

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR.

⑆102100400⑆ 40192628318861⑆

MONEY ORDER RECEIPT - NON NEGOTIABLE

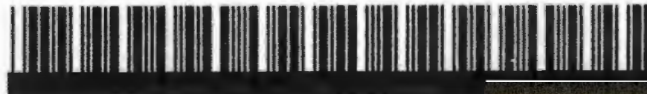
UC SERVICE CENTER NO 0993

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REPAIR REQUESTS. BE SURE TO READ IMPORTANT
INSTRUCTIONS BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money
Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
service, call 1-800-999-9660.

* 19262831886 *



STATEMENT FOR YOUR RECORDS.

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
MAKE FULL PAYMENT NOW TO AVOID COLLECTION ACTIVITIES.

Balance Due: \$294.28

If the name or address shown below is incorrect,
please correct.C A SIMPSON
PO BOX 5533
HARRISBURG, PA 17110-2354

Social Security Number: 196-52-9880

UC Service Center: 0993

Minimum Payment: \$30.00

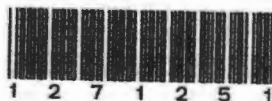
Payment Enclosed:

Payment Made By: ☐ Check ☒ Money Order
(Include your Social Security number on your check or money order.)

Mail payment to: Office of UC Benefits, ATTN: UI Payment Services, P.O. Box 67503, Harrisburg, PA 17106-7503

PLEASE SEE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION.

\$5.00



WESTERN UNION FINANCIAL SERVICES INC. - ISSUER • Englewood, Colorado		MONEY ORDER	
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado			
		19-262831885	
A 247033 D 060121 T 1459 AS 192628318852 L 000000		\$ 5.00	
PAY EXACTLY FIVE DOLLARS AND NO CENTS		ACC NO 002923-001	
PAY TO THE ORDER OF CITY OF HARRISBURG/BURGLARY/FIRE/ALARM NO			
PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR.			

⑆102100400⑆ 40192628318852⑆

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

CITY OF HARRISBURG/BURGLARY/FIRE/ALARM NO 002923=001

Use cash to pay for millions of Amazon.com products with Amazon participating Western Union Agent locations; or add cash to you with Amazon Cash, then shop on Amazon.com. Find out more at wu.

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to: RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL RETURN INVOICES. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-959-9620.

* 19262831885 *



LOAD THIS DIRECTION, THIS SIDE UP

ACCOUNT: 002923-001

ON 6/3/21 Pay For \$5.00

TOTAL AMOUNT: 210.00

*****RETURN THIS PORTION WITH YOUR PAYMENT TO INSURE PROPER CREDITING OF ACCOUNT*****

City of Harrisburg - Burglar/Fire Alarm Billing

PHONE NUMBER: 255-6513

INVOICE DATE: 07/16/2020

MAIL PAYMENT TO: 10 N. 2nd Street - Suite 103, Harrisburg, PA 17101

MAKE CHECK PAYABLE TO: CITY TREASURER

THIS BILL REFLECTS PAYMENTS THROUGH: 07/16/2020

ACCOUNT #: 002923-001

DESCRIPTION

AMOUNT

PAST DUE CHARGES (DUE IMMEDIATELY)

210.00

WESTERN UNION FINANCIAL SERVICES INC. - ISSUES - ENGLENWOOD, COLORADO
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

19-262831873

A 247033 D 060121
T 1458 AS
192628318735 L 000000

\$ 10.00

PAY EXACTLY TEN DOLLARS AND NO CENTS

PAY TO THE ORDER OF COM. V. SIMPSON NO CP-22-SA-141/142-2016/259-2017

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

⑆102100400⑆ 40192628318735⑆

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

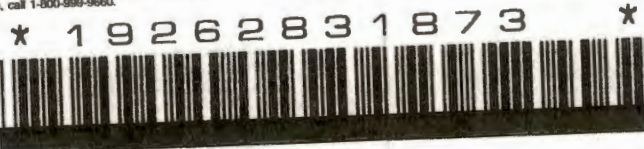
SIMPSON V COM NO CP-22-SA-141/142-2016/259-2017

Use cash to pay for millions of Amazon.com products with Amazon participating Western Union Agent locations; or add cash to you with Amazon Cash, then shop on Amazon.com. Find out more at wu.

AGT 247033 LOC 000000 DT 060121 \$10.00 10DOLLARS AND NO CENTS

Payable to: **RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.** For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) you provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9960.



LOAD THIS DIRECTION, THIS SIDE UP

Responsible Participant: Chalmers Alixander Simpson Jr.

Docket Number: CP-22-SA-0000141-2016

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

Pay 6/3/21 For \$5.00 \$16.97

Docket Number: CP-22-SA-0000142-2016

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

Pay 6/3/21 For \$5.00 \$91.50

Docket Number: CP-22-SA-0000259-2017

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

Pay 6/3/21 For \$5.00 \$14.92

Next Payment Due Date: 06/30/2021

Next Payment Amount: 5.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court:

\$5,161.07

Payment Summary:

MONEY
ORDER

19-262831884

A 247033 D 060121
T 1459 AS
192628318843 L 000000

\$5.00

PAY EXACTLY FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF COM V SIMPSON NO CR-2098-2016

PAYMENT FOR ACC1.2

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

⑆102100400⑆ 40192628318843⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

COM V SIMPSON NO CR-2098-2016

You can now use cash to pay for millions of Amazon.com products Western Union Agent locations. Simply come to one of our Agent cash to your Amazon Balance with Amazon Cash. Find out more at w

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE ENCLOSED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-980-9660.

* 19262831884 *



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

Responsible Participant: Chalmers Alixander Simpson Jr.

DOCKET NO CR-2098-2016 FOR \$5,00

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

\$24.92

Next Payment Due Date: 04/30/2021

Next Payment Amount: 5.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court:

\$5,204.27

Payment Summary:

Total Payment Received:	\$	5.00
Change Amount:	\$	0.00
Retained Unapplied Amount:	\$	0.00
Payments Less Change:	\$	5.00

Comments:

RETAIN THIS RECEIPT FOR YOUR RECORDS

ON 6/7/21
FOR \$5.00

Commonwealth of Pennsylvania
Court of Common Pleas
County of Dauphin
12th Judicial District

RECEIPT

Receipt Number: 22-2021-R000023123
Recorded Date: 04/08/2021 01:39PM
Receipt Date: 04/08/2021

Payor: Chalmers Alixander Simpson Jr.
501 Maclay St Apt 9
Harrisburg, PA 17110

Payable to: Dauphin County Courthouse
Fines and Costs
101 Market Street
Harrisburg, PA 17101

Payment Source: Mail

Payment Date	Payment Method	Check / Money Order Number	Bank Transit Number	Void	Payment Amount
04/08/2021	Money Order	19-249073271		No	\$10.00

Responsible Participant: Chalmers Simpson

on 5/7/21 Paid 5.00

Total Amount Owed by Responsible Participant on this case:

Docket Number: CP-SA-22-259-2017 and
CP-SA-22-141/142-2016

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

5.00
10.00

Total Amount Owed by Responsible Participant on this case:

\$19.92

Next Payment Due Date: 05/31/2021

Next Payment Amount: 5.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court:

\$5,181.07

Payment Summary:

Total Payment Received:	\$	10.00
Change Amount:	\$	0.00
Retained Unapplied Amount:	\$	0.00
Payments Less Change:	\$	10.00

Comments:

RETAIN THIS RECEIPT FOR YOUR RECORDS

You can now make case payments online through Pennsylvania's Unified Judicial System web portal. Visit the portal at <https://ujportal.pacourts.us/epay> to make a payment and learn more. Currently, Epay is available for Criminal and Summary Appeal docket types and for participating counties, Miscellaneous or Juvenile Delinquency docket types.



xfinityAccount Number
8993 11 091 1437712Billing Date
Jun 10, 2021Services From
Jun 15, 2021 to Jul 14, 2021Page
1 of 3*Received
6/21/21***Hello Chalmers Simpson,**

Thank you for choosing Xfinity from Comcast.

Your bill at a glance

For 636 CURTIN ST, HARRISBURG, PA, 17110-2424

Previous balance		\$148.75
Payments - thank you	Page 3	-\$100.00
Balance forward due now		\$48.75
Regular monthly charges	Page 3	\$49.95
Installment & One-time charges	Page 3	\$25.00
Taxes, fees and other charges	Page 3	\$1.20
New charges due Jul 03, 2021		\$76.15

Amount due \$124.90**! Your account is past due**

Your account is past due, so you may have been charged a late fee. To keep your services, please pay the balance forward now. Thanks!

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Your bill explained

- Your one-time charges are \$25.00 due to Home: Installment 5 of 24 and Late Fee charge(s).
- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.
- Any payments received or account activity after Jun 10, 2021 will show up on your next bill. View your most up-to-date account balance at xfinity.com/myaccount.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment

xfinity

PO BOX 6505
CHELMSFORD MA 01824
99939900 NO RP 10 20210610 NNNNNNNY 0012511 0041

CHALMERS SIMPSON
PO BOX 5533
HARRISBURG, PA 17110-0533

Account number **8993 11 091 1437712**Balance forward due now **\$48.75**New charges due Jul 03, 2021 **\$76.15****Total amount due \$124.90**Amount enclosed **\$**

Make checks payable to Comcast
Do not send cash

Send payment to
COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219



899311091143771200124909

PRODUCER TELEPHONE: 717-233-1160
ACCEPTANCE INS AGY OF TN INC
101 S 25TH ST STE 11-B
HARRISBURG PA 17104-2103



Underwritten by
BRISTOL WEST INSURANCE COMPANY

Questions about your policy?
Call Service Operations at 1-888-888-0080
Please refer to the back of this form for payment options.

¿Tiene preguntas acerca de su póliza?
Llame al servicio al consumidor al 1-888-888-0080
Por favor consulte al reverso de este formulario para
información acerca de las opciones de pago.

CHALMERS SIMPSON
PO BOX 5533
HARRISBURG PA 17110-2424

Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #
CHALMERS SIMPSON	G01 0197640 04	05/13/21	11/13/21	05/30/21	02

Summary	Amount
Last Payment Received 05/18/21	-\$130.00
Total Amount Paid	-\$130.00
Outstanding Policy Balance	\$694.00
Detail	Amount
Previous Balance	\$0.00
New Charges/Credits	\$152.91
Installment Fee	\$12.00
Paper Documents Fee	\$0.66
Amount Due By 06/13/21	\$152.91
Fecha de Vencimiento 06/13/21	

SCHEDULE OF PAYMENTS

Install No.	Due Date	Amount*
03	07/13/21	\$147.27
04	08/13/21	\$147.27
05	09/13/21	\$147.27
06	10/13/21	\$147.28

Amount also includes the following fees:
Installment, Paper Documents

Late payments could result in cancellation of your insurance. Payments will be used to satisfy any balance due on previous policy terms. If the full payment is not Postmarked by the Due Date, a late fee of \$10.00 will also apply.

NT1 (03/15)

INSURED

DETACH ALONG PERFORATION

RETURN BOTTOM PORTION WITH YOUR PAYMENT
Desprenda esta nota en el área perforada y regrecela con su pago.

INSURED	BP	LOC	MCO	PCO	ST	POLICY NUMBER
CHALMERS SIMPSON PO BOX 5533 HARRISBURG PA 17110-2424	DV	00	33	00	PA	G01 0197640 04

Payment Due Date: 06/13/21

Minimum Amount Due: \$152.91

Pay your bill online using www.bristolwest.com

SEND PAYMENT TO:

BRISTOL WEST INSURANCE GROUP
PO BOX 371329
PITTSBURGH PA 15250-7329

Amount Enclosed:

☐ Change of Address
See reverse side

0033006010197640040200PA 00000015291 061321 1 2